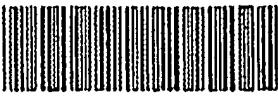


Index of Claims				Application No.	Applicant(s)						
				09/751,353	KUMAR, JAINENDRA						
				Examiner	Art Unit						
				Jacob Lipman	2134						
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> + Restricted	<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected							
Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓	✓	5/9/85	51	✓	✓		101	✓	✓	
2	✓	✓	5/9/85	52	✓	✓		102	✓	✓	
3	✓	✓	5/9/85	53	✓	✓		103	✓	✓	
4	✓	✓	5/9/85	54	✓	✓		104	✓	✓	
5	✓	✓	5/9/85	55	✓	✓		105	✓	✓	
6	✓	✓	5/9/85	56	✓	✓		106	✓	✓	
7	✓	✓	5/9/85	57	✓	✓		107	✓	✓	
8	✓	✓	5/9/85	58	✓	✓		108	✓	✓	
9	✓	✓	5/9/85	59	✓	✓		109	✓	✓	
10	✓	✓	5/9/85	60	✓	✓		110	✓	✓	
11	✓	✓	5/9/85	61	✓	✓		111	✓	✓	
12	✓	✓	5/9/85	62	✓	✓		112	✓	✓	
13	✓	✓	5/9/85	63	✓	✓		113	✓	✓	
14	✓	✓	5/9/85	64	✓	✓		114	✓	✓	
15	✓	✓	5/9/85	65	✓	✓		115	✓	✓	
16	✓	✓	5/9/85	66	✓	✓		116	✓	✓	
17	✓	✓	5/9/85	67	✓	✓		117	✓	✓	
18	✓	✓	5/9/85	68	✓	✓		118	✓	✓	
19	✓	✓	5/9/85	69	✓	✓		119	✓	✓	
20	✓	✓	5/9/85	70	✓	✓		120	✓	✓	
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23	✓	✓	5/9/85	73	✓	✓		123	✓	✓	
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26	✓	✓	5/9/85	76	✓	✓		126	✓	✓	
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31	✓	✓	5/9/85	81	✓	✓		131	✓	✓	
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